Remarks.—The principal interest of the case lies in the diagnosis. It well illustrates how difficult it may be to definitely fix the real nature of an abdominal fluctuating tumor. The fact that the abdominal enlargement was uniform, central, and occupying the anterior and antero-lateral parts of the abdomen, to the exclusion of the flanks, where the clear percussion note shewed the presence of bowel, added to the difficulties. A similar case occurred to my colleague, Dr. Fenwick, some years ago. The same error of diagnosis was made by all who saw the case. This patient died some months after operation, probably also of tuberculous disease, as she developed a pleuritic effusion before leaving the hospital. Other similar cases are reported by Spencer Wells, Erich, Ewing Mears and Atlee. The well-known dangers of tapping ovarian tumors, in my opinion, make that procedure for obtaining fluid for microscopical examination unjustifiable, especially as there is no concurrence of opinion of microscopists as to the certainty of that means of diagnosis. Happily, the treatment in my case leaves no room for regret, as under the circumstances it was the very best that could have been applied. It clearly prolonged life, and if the peritonitis had been simple it would almost to a certainty have saved the life of the patient.

QUARTERLY RETROSPECT OF SURGERY.

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Treatment of Acute Peritonitis by Abdominal Section.—At a meeting of the Royal Medical and Chirurgical Society of London, held March 10th, 1885 (*Lancet*, March 14th, '85), Mr. Fred. Treves read a paper on the above subject. He remarked that the extreme fatality of acute diffused peritonitis, especially that form due to perforation, and the acknowledged futility of the modes of treatment that are at present employed, give some support to the proposal that acute peritoneal inflammation should be treated by the same methods that are successfully applied to other acute inflammations—viz., by free incision and drainage.